First accredited: October 1997
Next review: March 2026
Maximum class size: 100 (76 at main and 24 at the distant campus)

June 2020
The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19.
Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due January 25, 2021.

March 2020
The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission accepted the report. No further information requested.

March 2018
Program Change: Reassignment of 24 students from one of the distant campuses (St. Croix) to the main campus, effective October 13, 2017. The commission approved the change. No further information requested.

March 2017
The commission accepted the report providing evidence of
- The process used to determine there are insufficient numbers of preceptors for internal medicine and general surgery. After review, program determined there are sufficient numbers of preceptors for internal medicine and general surgery. No further information requested.

September 2016
The commission accepted the reports addressing 4th edition
- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standard B3.03b** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking women’s health),
- **Standard B3.06a** (provided evidence of SCPEs with physicians specialty board certified in their area of instruction)
- **Standard C3.01** (provided evidence that student evaluations were related to learning outcomes for SCPEs) and
- **Standards B3.07a-c** (provided evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in a) family medicine, b) internal medicine and c) general surgery).

The commission accepted the report providing evidence of
- Updates to the Program Management Portal.
Additional clarifying information (describe process used to determine there are insufficient numbers of preceptors for internal medicine and general surgery) due January 2, 2017.
March 2016
Accreditation-Continued; Next Comprehensive Evaluation: March 2026. The program’s maximum class size is 100 (52 at the main campus and 24 each at the two distant campuses).
Report due May 13, 2016
- Updates to the Program Management Portal.
Due June 3, 2016 (Standards, 4th edition) -
  - **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
  - **Standard B3.03b** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking women’s health),
  - **Standard B3.06a** (lacked evidence of SCPEs with physicians specialty board certified in their area of instruction) and
  - **Standard C3.01** (lacked evidence that student evaluations were related to learning outcomes for SCPEs) and
Due August 1, 2016 (Standards, 4th edition) -
  - **Standards B3.07a-c** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in a) family medicine, b) internal medicine and c) general surgery).

September 2014
Program Change: Increase in class size from 92 to 100 students, effective August 21, 2015. The commission approved the change. No further information requested.

The commission acknowledged the report providing evidence of
- Website update. No further information requested.

July 2014
Update PANCE performance data on website due July 25, 2014.

March 2012
The commission accepted the report providing evidence of
- Equivalency of academic and student health services, access to services and resources that help students reach academic and career goals and institutional resources/facilities/support. No further information requested.

March 2011
The commission accepted the report providing evidence of
- Support from sponsoring institution, curriculum and equivalency of services, course content, student experiences and access to didactic and laboratory materials. No further information requested.
First accredited: October 1997
Next review: March 2026
Maximum class size: 100 (76 at main and 24 at the distant campus)

Program Change: Program expansion to include a geographic location distant from the main campus. The commission acknowledged the proposed change to a distant campus and increase in class size to 276. Report due December 31, 2011 (equivalency of academic and student health services, access to services and resources that help students reach academic and career goals and institutional resources/facilities/support).

September 2010
Program Change: Program expansion to include a geographic location distant from the main campus. The commission deferred a decision and requested additional information (support from sponsoring institution, curriculum and equivalency of services, course content, student experiences and access to didactic and laboratory materials).

March 2009
Accreditation-Continued; Next Comprehensive Evaluation: March 2016. The program is approved for up to 204 students.
Report due January 7, 2011 (Standards, 3rd edition) -
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in a long-term care setting) and
- **Standard C2.01b5** (lacked evidence the program prepares a self-study report that documents outcome data and critical analysis of graduate evaluations of curriculum and program effectiveness).

September 2007
The commission accepted the report addressing 3rd edition
- **Standard A1.06e** (provided evidence the sponsoring institution assures appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs),
- **Standard A1.08b** (provided evidence the sponsoring institution assures appropriate space for confidential academic counseling of students by core faculty),
- **Standard A3.03** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standards A3.07c and i,** (provided evidence c) policies regarding advanced placement and i) first time PANCE pass rates for the five most recent graduating classes were defined, published and readily available to prospective and enrolled students),
- **Standards A3.08a-c** (provided evidence of documentation that students receiving advanced placement have a) met program defined criteria for such placement, b) met institution defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),
- **Standard B1.07** (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
• **Standard B7.02** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),

• **Standard B7.03d** (provided evidence supervised clinical practice experiences (SCPEs) are provided in a long-term care setting),

• **Standards B7.04b-d** (provided evidence of SCPEs in b) family medicine, c) general internal medicine and d) general surgical care, including operative experiences),

• **Standard C1.01g** (provided evidence the program regularly collects and analyzes graduate performance on the PANCE),

• **Standard C1.02** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and

• **Standard C2.01b3** (provided evidence the program prepares a self-study report that documents outcome data and critical analysis of student failure rates in individual courses and rotations).

No further information requested.

**March 2007**

Accreditation-Continued; Next Comprehensive Evaluation: March 2009. The program is approved for up to 182 students.

Report due July 13, 2007 (*Standards*, 3rd edition) -

• **Standard A1.06e** (lacked evidence the sponsoring institution assures appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs),

• **Standard A1.08b** (lacked evidence the sponsoring institution assures appropriate space for confidential academic counseling of students by core faculty),

• **Standard A3.03** (lacked evidence announcements and advertising accurately reflect the program offered),

• **Standards A3.07c and i**, (lacked evidence c) policies regarding advanced placement and i) first time PANCE pass rates for the five most recent graduating classes were defined, published and readily available to prospective and enrolled students),

• **Standards A3.08a-c** (lacked evidence of documentation that students receiving advanced placement have a) met program defined criteria for such placement, b) met institution defined criteria for such placement and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given),

• **Standard B1.07** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),

• **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),

• **Standard B7.03d** (lacked evidence supervised clinical practice experiences (SCPEs) are provided in a long-term care setting),
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- **Standards B7.04b-d** (lacked evidence of SCPEs in b) family medicine, c) general internal medicine and d) general surgical care, including operative experiences),
- **Standard C1.01g** (lacked evidence the program regularly collects and analyzes graduate performance on the PANCE),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and
- **Standard C2.01b3** (lacked evidence the program prepares a self-study report that documents outcome data and critical analysis of student failure rates in individual courses and rotations).

**September 2004**
The commission **acknowledged the report** providing evidence of
- Physical resources and technology description, budget, preceptor recruitment and equivalency of anatomy course. No further information requested.

**March 2004**
Program Change: Program expansion to include a geographic location distant from the main campus.
The commission **acknowledged the proposed change** and requested additional information (description of physical resources and technology, budget, preceptor recruitment and equivalency of anatomy course) due July 15, 2004.

**September 2002**
The commission **accepted the report** addressing 2nd edition
- **Standard B1.4** (provided evidence of learning objectives in course syllabi). No further information requested.

**March 2002**
Accreditation Continued; Next Comprehensive Evaluation: March 2007. The program is approved for up to 120 students.
Report due July 19, 2002 (Standards, 2nd edition) -
- **Standard B1.4** (lacked evidence of learning objectives in course syllabi).

**September 1999**
The commission **accepted the report** providing evidence of
- Line-item budget. No further information requested.

**March 1999**
Accreditation Continued; Next Comprehensive Evaluation: March 2002.
Report due August 1, 1999 (Standards, 1st edition) -
- Line-item budget.
Barry University
Accreditation History

First accredited: October 1997
Next review: March 2026
Maximum class size: 100 (76 at main and 24 at the distant campus)
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NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1997 by CAAHEP is not available.